MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		302	4	CEN	CHILICA	A I E	OF DEAL	П			Reg. D	ist. No	. 96	- 14
1.	PLACE OF DEATH o. COUNTY	Cecil		N	MARYLAND	2. U	SUAL RESIDENCE (V. STATE Mary		osed lived	I. If instituti b. COUNTY	on: Reside	ince befo	re admiss	ian)
	RURAL and give ne		its, write	c. LENGTH OF S			. CITY OR TOWN (I		rporote l	mits, write R	URAL ond	give ne	arest town) \
L		Point AL (If not in hospital,		1 mo.	7 days			imore		3	V 0 /	= 4		
	OR INSTITUTION	Administ			tal	(d. STREET ADDRESS	E. Lo	mbar	ď			e. IS RES	FARM?
3.	NAME OF		rst		iddle		Last	4. DAT		Mor	nth	Do	,	/ear
	DECEASED (Type or print)	ATT	GUSTA	VE			ASKIN	OF DEA	TH	Mar			,	9 59
5.	SEX	6. COLOR OR RACE		IED NEVER M.	APPIED	8. DA	TE OF BIRTH		9. A	GE (In years	0 -1-	R 1 YEAR	IF UNDE	
	Male	White	WIDOWE		ORCED		1-1-87		la	t birthdoy) yrs.	Months	Days	Hours	Min.
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	during most of work	ing life, even if refired	1)						ii cooiiii y	,			WILKIE	CONTRIL
10		employed		Restaur	ant		Virginia					USA		
13.	FATHER'S NAME					14.	MOTHER'S MAIDEN	NAME						
		ank Askin					Sarah Be	ell			- 199		- 13	9-3
	WAS DECEASED EVEL	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY	INO. IN	NFOR!	MANT			Add	ress			
Ĺ	Yes	WW I		None	Ho	aso	ital Reco	ords.	VAH	Per	ry P	oint	Ma	
		TH [Enter only one co	ouse per lir	ne for (o), (b), and						1		INT	ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	Art	faccina	aratic	h	eart dise	0000	sev	979		ON!	SET AND	DEATH
	11200	IMMEDIATE CAUSE (d		CITOSCI	CIOCIC	, 11	eart dis	ease,	DC 4	61.6		-		
	420.0	DUE TO					2.4					710		
	Conditions, if a		Art	erlosci	erosis	3 g	eneraliza	ed se	vere			-		
	couse (o), stoting)									10 15		
_	lying couse last.) ((2)											
ó		IER SIGNIFICANT CON							ASE CON	NDITION GIV	EN IN PA	RT 1(a) 1	9. WAS A	AUTOPSY RMED?
S	Operat	ion: Sym	pathe	ctomy r	ight 1	um	bar chair	a (2-	27-5	9)				NO 🗆
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)					er nature af injury i		Part II of	item 18.)				
MEDICAL	20c. TIME OF INJUR	Y Manth, Doy, Ye	ar 20d. It	NJURY OCCURRED		ACE O	F INJURY (Home, fa	orm, 20f. (0	City or to	wn)		(County)		(State)
ED	Hour a.m.	19	While at work	Not while	foc	tory,	street, office bldg., e	etc.)						
>	21. I certify th	TA attended the	_		nary 2	3	19 59 to 1	March	2	105.0	*Hantriel	wet was	arthrar si	-
		XXXXXXXXX												
	CHARLOUS N. W.	ananana	5	AAAA ONO I	nai deain	acci	urred di			causes an		ie date		abave. E SIGNED
4	ACTUAL SIGNATURE	100	100	Hod		M.D.	V.A.Hospi					d		
	PHYSICIAN'S NAME (Type)	S. P. LAC	CERVA				Director							
220	URIAL, CREMATIO	N, 22b. DATE THEREC	OF	22c. MANE OF	CEMETERY OF	RERE	MATORY O	22d. LO	CATION	Con, town,	or county)		Z (Stote	y
6	REMOVAL (Special)	9-4-	19	Ma	w	D	rack		1	tali	6	/	ud	
23.	FUNERAL DIRECTOR	SSIGNATURE	1	ADDRESS				C'D BY REC	SISTRAR	24b. REGI	STRAR'S S	IGNATU	RE	115
	Jack Lewi	s Inc. 210	0-2	Eutaw Pl	. Balt:	imo	re, Mdowing	AR 4	59	an	2mg 8.	Krau	4	

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for acid to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL E TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B. To Flower acid to the other or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. H

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03012 Reg. Dist. No.

	Cecil	0020	MARYL	O STATE		Vhere decease	ed lived. If institu b. COUNT		Cec		ission)
b	end give negrest town)	side carporale limits, write RURAL	c. LENGTH OF STAY IN	t 1b c. CITY C	R TOWN (If	autside corp	orale limits, write	RURAL on	d give n	earest to	wn)
		East Rural	6 yea		No	rth Ea	ast Rural	L			
d		HOSDITAL DOA	hospital, give street address)	d. STREET	ADDRESS					ON	A FARM?
- 1	NAME OF DECEASED Type or print)	First Walter	Middle	Barton	19 1	4. DATE OF DEATH	Mont Ma.1	ch 1	Doy		feor 959
. S	ex male	1	RRIED MEVER MARRIED				9. AGE (In years fast birthday)	-		IF UND	Min.
Da.	USUAL OCCUPATION		L KIND OF BUSINESS OR IN	J Och - 5				12. CII	IZEN O	F WHAT	COUNTRY
d	uring most of working t	10	tate Road		Virgin				JSA	,,,,,	-
3.	FATHER'S NAME	ET O	tate Moad	14. MOTHER					JOA		
	Henry	Barton			Louis	a Bart	on				
5.	WAS DECEASED EVER	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	200.20	5 5020	Address			100	
102,	no	yes, give war or dates of service)	227-24-3232	Mrs	walter	Barto	n North	East.	Rd.	, Mcl	
CATION	Canditions, if ony, gave rise to immedial (a), stating the unaccouse lost. PART II. OTHER	lerlying DUE TO (c)	CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMI	NAL DISEASE	CONDITION GIV	/EN IN PAI		9. WAS PERFO	AUTOPSY PRMED? NO T
CERTIFIC	200. EXTERNAL CAUSE PRIMARY 07 CONTR	WAS 20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature of	injury in Par	I I ar Part II e	of item 18.)				WO DX
MEDICAL	20c, TIME OF INJURY Hour o. m. p. m.	W	d. INJURY OCCURRED 20e thile Not white work at work	PLACE OF INJURY factory, street, office	(Hame, farm e bldg., etc.	20f. (City	or tawn)	(Co	onty)		(State)
	opinion death re		e remoins described I couses , Accide	press.		y [], In Homicide	spection ,, Undete		monne	er 🗌	d in my
	EXAMINER'S NAME (Type)	R.C.Dodson	non	ASSIST		AMINER AL EXAMINER EXAMINER	λί	larch	16,	1959	
	BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF March 17	22c. NAME OF CEMETER		240 850	Nort		Cecil		(State	
AG.		0	rth East, Mar	y1and	DATE MA	R 1 7 '5		Llwa &			

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	3026	CERTIFICA	ATE OF DEAT	Н		ر) Reg. Dist. No	3()1	. J
PLACE OF DEATH O. COUNTY COCIL		MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryla	_ b	If institution COUNTY	Residence before Cec11	ore admiss	ian)
B. CITY OR TOWN (If RURAL and give ne Rising S		write c. LENGTH OF STAY IN 16 25 Years	c. CITY OR TOWN (IF	outside corporote lim Sun (Run		RAL ond give ne	arest town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give	street oddress)	d. STREET ADDRESS					FARM?
NAME OF DECEASED (Type or print)	Irvin	Roscoe	Basham	4. DATE OF DEATH	March		,	7eor 1959
Male	30/	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH May 22, 1	901. 9. AGE last		Months Days	Hours	R 24 HI
0a. USUAL OCCUPATIO during most of work Farmer	ing life, even if retired)	Own Farm		o ar fareign country) Virginia		U.S		OUNTR
Robert H	latcher E	asham	14. MOTHER'S MAIDEN Martha	NAME Ridinge	r			
	R IN U. S. ARMED FORCES If yes, give war or dates of service		NFORMANT		Addre	sing S	oun.	Ma
Conditions, if an gave rise to in cause (o), stating t lying cause last. PART II. OTH	he under- DUE TO (c)	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONT	DITION GIVE	N IN PART 1(0)	19. WAS	AUTOP:
PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING 206	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Port II of it	rem 18.)		YES 🗍	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year		ACE OF INJURY IHame, for ctary, street, affice bldg., et		n)	(County)		(Sto
21. I certify the alive on how ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the de		n accurred at 6:30 M.D.		auses and	an the date	e stated	
20. BURIAL, CREMATION REMOVAL (Specify) Burial	3/23/59	22c. NAME OF CEMETERY OF Brookview	Cemetery	Rising	Sun,		Md .	e)
3. FUNERAL DIRECTOR'S	SIGNATURE SIGNATURE	ADDRESS Rising Sun M		TO BY REGISTRAR		RAR'S SIGNATI		

3801 head result Missing Dom (Horsel) 25 Years Missing San (Street) Arvin Beson Bashan and Avron 20 72 1001 35 18K 187 1901 57 Termer Comer) Om Parel Cloyd, Virginia Hole t Material Cashen medsas reported to toll No 219-36-073-Krs. Horros Carlas - Sistas Syn. Pd. Management & modeled a greateless and valoured by the North and the Lating Tatag Dun Hel. ... Marin ...

d be filed with neral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, may be retained, the hospital or attending physicion. TO FUNERAL DIX OR: After this certificate has been signed by the ottending physician and campletely filled in by meral dipage 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 and 2 the registror prior to burial, cremation, or remaval, and in any event within 7 haurs after death.

VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	MARYI	AND	STATE DEPARTM			TIMORE, 1	8	03	01	4
	3027		CERTIFIC	ATE OF DEA	TH		Reg. Di		() _	
1. PLACE OF DEATH o. COUNTY	Cecil		MARYLAND	2. USUAL RESIDENCE O. ST Waryl		d lived. If instituti b. COUNTY			e admissi	ion)
b. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		prote limits, write R	URAL ond	give near	est tawn)
d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital, g	ive street	address)	d. STREET ADDRES		7				FARM?
3. NAME OF DECEASED (Type or print)	Francis		Middle Davis	Bounds	4. DATE OF DEATH	Mon 3	ith	14		Year 159
5. SEX Male	6. COLOR OR RACE White	7. MARR	IED 🔀 NEVER MARRIED 🗌	B. DATE OF BIRTH 12-29- 1	.900	9. AGE (In years lost birthdoy) 58 yrs.	Months Months	1 YEAR Doys	Hours Hours	R 24 HRS Min.
10a. USUAL OCCUPATION during most of work Engineeri	ing life, even if retired		kind of Business or Induberdeen P.G.			country)		U S		OUNTRY
13. FATHER'S NAME Rev.	George W.	Box	unds	Minnie		Har	vey			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR Ilf yes, give war or dates of s			Nellie G.	Bounds	,Perryv		, Mo	1.	
PART I. DEA Conditions, if a gove rise to it couse (a), stoting lying cause lost.	mmediate the under-	1	1 1 1 1 1	Cond. of		, dis c	031	ONS I	RVAL BE ET AND	DEATH
OJE 200. ACCIDENT WA			CRIBE HOW INJURY OCCURR				LIN IN LA	1 1(0)	PERFO	NO [
(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m.	MEDICAL EXAMINER)	20d. If While at war	Not while for	PLACE OF INJURY (Home, octory, street, office bldg.	farm, 20f. (Cit	y or town)	(County)		(Stote
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		nard:	s Jr. M.D.	, 19.5/, ta h accurred at 7 °15 M.D	ADDRESS (S	the causes an	stote)		stated DAT 3-/	d abave
220. BURIAL, CREMATIO REMOVAL (Specify)	3-17-19		Hopewell	Cemetery	Po	E	sit,			
23. FUNERAL DIRECTOR	Herson	Holor	ADDRESS Perrvill		REC'D BY REGIS		STRAR'S SI		t	

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	MARYL	AND	STATE DEPART				TIMORE,	18	(130	15
	3025		CERTIFIC	CAI	E OF DEAT	ri		Reg. D	ist. No),	
1. PLACE OF DEATH o. COUNTY	ecil		MARYLAN	- 11	USUAL RESIDENCE (Vo. STATE Md.	Vhere decease	b. COUNTY		cil	ore admiss	sion)
b. CITY OR TOWN (I RURAL ond give no Cecilt	f outside corporate limit earest town) On	ts, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (III		orote limits, write f	RURAL ond	give ne	arest town	n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	address)	1	d. STREET ADDRESS						SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	HENRIET		Middle		BROV/N	4. DATE OF DEATH	March	oth	1		Year 19 59
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years			IF UND	
Female	White	WIDOW	ED DIVORCED	0 0	ctober, 4, 1	870	lost birthday) 88 yrs.	Months	Doys	Hours	Min.
Housework 13. FATHER'S NAME	DN (Give kind of work of king life, even if retired)	lone 10b.	KIND OF BUSINESS OR IN Home		Md. 4. MOTHER'S MAIDEN		country)		.S.A	OF WHAT	COUNT
	Anderson				Henriett		star				
15. WAS DECEASEDEVE			None	7. INFO		w 110921	Add	iress			
	TH (Enter only one country WAS CAUSED BY: IMMEDIATE CAUSE (c)		refor (a), (b), and (c).]	TH	rombosi	2				ERVAL BE SET AND	DEATH
Conditions, if or gove rise to le couse (a), stoting lying couse lost.	mmediote (9.0	Cerebral	A	rfenosole	NS13				y ews	\$.
Far Of	dranced	Sep	CONTRIBUTING TO DEATH	new	lized an	knose	cles 515.		RT 1(o) 1	19. WAS . PERFO YES [RMED?
_	MEDICAL EXAMINER)		MINIPA OCCUPPED 200						21.		

foctory, street, office bldg., etc.) Hour o. ft. While Not while of work

(County)

(Stote)

21. I certify that I attended the deceased from May 1 1955, that I last saw the deceased and that death occurred at 11 32 M, from the causes and an the date stated above. alive an__ DATE SIGNED

ADDRESS (Street, city or town, stote)

22d. LOCATION (City, town, or county)
Cecilton, Cecil Co.

(State)

EUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 226. DATE THEREOF BUTTAL (Specify) March 15

March, 15, 1959

ACTUAL

PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Cecilton Cem.

24a. REC'D BY REGISTRAR DATEMAR 1 8 '59

24b. REGISTRAR'S SIGNATURE arthur S. Krous

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VS A15 (4) 15M 9/58

page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH Reg. Dist. No. 96 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Cecil MARYLAND Maryland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) RURAL and give nearest lawn) Baltimore Perry Point 21yrs.7mo.11days d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2030 Druid Hill Avenue Veterans Administration Hospital YES NO Middle Last 4. DATE Manth Day Year DECEASED OF DEATH WILLIAM NMI BURTON 1959 March 11 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. AGE (In years 64 yrs Months Days Male Negro 3-8-95 WIDOWED | DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) Butler Private Family North Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ernest Burton Carrie Shaw 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Hospital Records, VAH, Perry Point, Md. Yes Not obtainable 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Arteriosclerotic heart disease, severe IMMEDIATE CAUSE (a 420.0 DUE TO Fibrosis of the myocardium Candilians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? Arteriosclerosis generalized, severe YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

20c. TIME OF INJURY Month, Day, Year Haur a.m.

20d. INJURY OCCURRED Nat while of wark at wark

20e. PLACE OF INJURY (Hame, farm, 20f. (City or lawn) factory, street, affice bldg., etc.)

(County) (State)

21. I certify tha attended the deceased from July 28

gives the course and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL SIGNATURE

22b. DATE THEREOF

3-16-59

M.D. V. A. Hospital, Perry Point, Md. 3-12-59

PHYSICIAN'S NAME (Type)

Director, Professional Services

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) Baltimore National Baltimore. Md.

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL CREMATION.

Burial

REMOVAL (Specify)

ADDRESS

240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Hemsley Fun. Home, 578 W. Biddle St. Balto. Md. DAMAR 16'59

LACERVA

arthur S. Krana



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Point, No. 3-12-59	T.A. Houghtal, Form			
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s after death. After this the third copy of this

registrar within 72 hours by the funeral director,

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the certificate has been executed by the attending physician and completely filled in certificate has been executed by the attending physician and completely filled in the certificate has been executed be detached for use as a burial transit permit.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02943

3030

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE	CE (HOME) OF DECEAS	ED
county Cecil	MARYLAND	STATE Md.	COUNTY Ce	cil
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		te Ilmits, write RURAL and give n	earest town)
OR end give neerest town) TOWN North East	(in this place)	Y TOWN NOT	rth East	
HOSPITAL OR		STREET	(If rurel give location	n)
INSTITUTION OR STREET ADDRESS Drott Nameing	Homo	ADDRESS	RFD # 1	
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
DECEASED			OF	
. COLLA DO	RNS CAME		rical	ER 1 YEAR LIF UNDER 24 HRS
5. SEX 6. COLOR OR 7. SINGLE, MAI WIDOWED, I	DIVORCED,		AGE lest birthdey IF UND Months	
F W (Specify)Ma		28, 1885	73 yrs.	
	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
	t Home	Marylan	nd	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Jonothan P. Burn	C	Margare	et Terry	
	16. SOCIAL SECURITY NO.	17. INFORMANT & AL		North East
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Mono	Mannor U		Md.
NO I	None	Murray H.	Cameron	I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	H	KIIIIOK		ONSET AND DEATH
422/ IMMEDIATE CAUSE (A) CAR	DIO VASCULAR	FAILURE		5MIN-
ANTECEDENT CAUSE(S) DUE TO	DIA SCI EDOTIC	CARDIOVASGULA	o Dispase	YEARS
GIVING RISE TO THE ABOVE CAUSE	MO DICE NOTE	THE BUNDANCE	IN MINCHAL	1271.74
STATING UNDERLYING CAUSE LAST. (C) GEN	ERALIZED AF	TERIO SCLER	0515	YEARS
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	LAUCOMA	(BILATERAL)	V	3/-100
TO THE DEATH BUT NOT RELATED TO THE PROS	RESIVE HYPER	TROPHICARTHR	ITIS DEFORMAN	MYEARS
190. DATE OF OPERATION 196. MAJOR FINDING				20. AUTOPSY?
				YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Ho OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)	ome, ferm, fectory, t, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	(City or town) (Co	ounty) (Stete)
	Te. INJURY OCCURRED	211. HOW DID INJURY OCCUR		
	work et work			
22. I hereby certify that I attended the dec	eased from 5 - 2	5-, 19.58 , to 3 -	30 , 19.59 , that	I last saw the deceased
alive on3		Mr. A co		
SIGNATURE /		ADDR	ESS (Street, city, town, stete)	DATE SIGNED
huisteller	en M.D.	MORTH EAS	ET Mid.	3-30-59
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, town, or cour	nly) (State)
REMOVAL (SPECIFY) Burial 4/2/59	North Eac	t Cemetery	Morth East	МА
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		1 25 JUNERAL DIRECTOR'S		ADDRESS
10		CASON PORTING	100mil	th East, Md.
DATE APR 7 '59 Chilmin S. Torona		drienth I concer	AT HOME WOI	011 11000 0 9 1100

MARYLAND STATE DURASTRENT OF HEALTH-SALTIMORE, 12 CERTIFICATE OF DEATH CARRENGO NO. SAPAR AND HIS HISTORY CA which will be the state of the the service of the terminal product of the production of the product of the product of

FOR STATE HEALTH DEPT.

executed within 24 hours after death. If any deloy is necessary, please if in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page Free along with form PM3. Page 5 may be retained for your files. Iransit permit. File pages 1 and 2 with the State 1 of Health, ovel, and intuity event within 72 hours after death. M

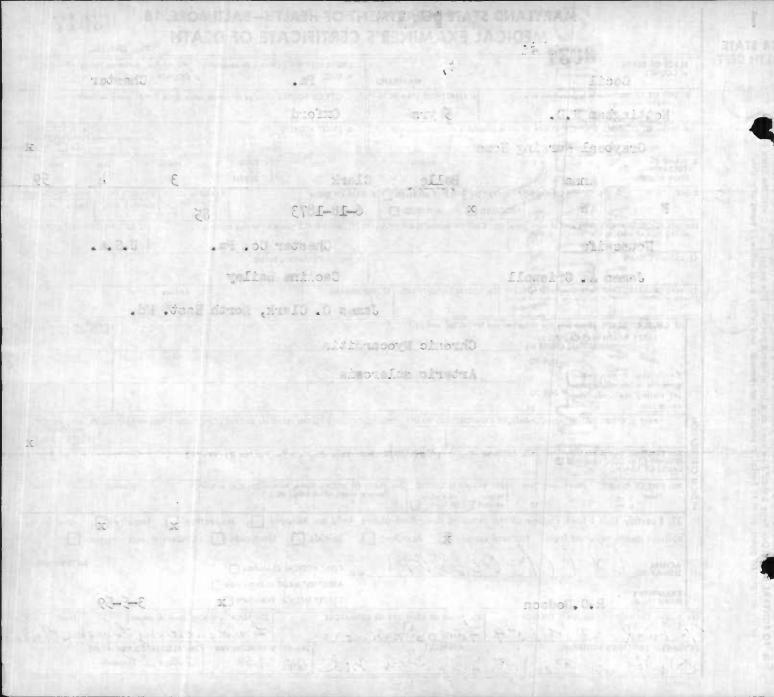
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8	execute the certificate, writing the word "pending" in pend	-	0	1
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C. S. TO DEPUTY MEDICAL EXAMINER: This certificate should be e			TO FUNERAL DISCTOR: Page 3 shauld be used as a buriol-	
VS	. A	15/	VI E	
5	M :	2/5	7	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03017

	2024					Reg. Dist.	No.
1. PLACE OF DEATH	2021		2. USUAL RESIDENCE	(Where decea			
Ce	cil	MARYLAN	o. STATE Pa.		b. COUNT	Cheste	T
b. CITY OR TOWN (if outside corporate fimits, write fi	C. LENGTH OF STAY IN 1	b c. CITY OR TOWN	(If outside cor	porote limits, write	RURAL and give	a nearest town)
	ham R.D.	5 yrs	Oxford		75	× -3	
d. NAME OF HOSPIT	TAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS				e. IS RESIDE
	beal Nursing	Home					YES 140
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	D.	oy Year
(Type or print)	Anna	Belle	Clark	DEATH	3		19 5
. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER TYE	AR IF UNDER 24
F	100	WIDOWED A DIVORCED	6-18-1873		85, yrs.	Months Days	Hours Min.
00. USUAL OCCUPATI	ON (Give kind of work do	ne 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Sto	te or foreign o		12. CITIZEN	OF WHAT COU!
	ng life, even if retired)		Chester	n Co E	20	USA	
House 3. FATHER'S NAME	MITTE		14. MOTHER'S MAIDEN		de	0 00 01	
	s A. Criswel	17:	Caoline		,		
	VER IN U. S. ARMED FORCE		. INFORMANT	Dog Son	Address		
Yes, no. er unknown)	(If yes, give war or dates of ser	rvice)					
			James O. Clar	rk, Nor	rtn East.	Md.	
18. CAUSE OF DEA	ATH [Enter only one couse	per line for (o), (b), and (c).				11/10	NET AND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Chronic Myo	anditie				Table to be a second
1422.1		OILL OILLO BY ON	JELL WALVALD				
7	DUE TO	formation and					
Conditions, if gove rise to imme		Arterio scle	SLOST2				
(a), stoting the							
cause fost.	(c)_						
PART II. OT	HER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1(o	
PART II. OT 200. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.							YES NO
20a. EXTERNAL CA	LISE WAS 206	DESCRIBE HOW INJURY OCCURRED	(Foler noture of injury in P.	art t or Part II	of item 18)		1.20
PRIMARY OF CO	INTRIBUTING []	DESCRIBE NOW INDER OCCURRED	. (ches house of injury in a	011 1 01 1 011 11	or trem to.;		
		20d. INJURY OCCURRED 20e. I	DIACE OF INTURY (Many 4	- ' 005 (C)	. 41		10.
20c. TIME OF INJU			PLACE OF INJURY (Home, for factory, street, office bldg., e		y or town;	(County)	(Ste
p. m.		of work of work					
21. I certify t	hat I taok charge	of the remains described a	bave, held an Autop	sy , I	nspection	Inquiry -	and in
oninion death	resulted from: No	atural causes 📆 , Acciden	I . Suicide .	Hamicide	_	rmined man	_
opinion dean		Accident	LI, Solcide LI,	Hamiciae	L. Olidele	immed mun	nei []
ACTUAL	10 V 1 1	JAPIDION					DATE SIGNE
SIGNATURE	ann) o coort	M.D. CHIEF MEDICAL				
EVA MINIERIE			ASSISTANT MEDI	CAL EXAMINE	R 🗍		
EXAMINER'S NAME (Type)	R.C. Dodson		DEPUTY MEDICA	L EXAMINER [k	3-5-5	9
20. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town,	or county)	(Stote)
PEMOVAL (Specify	18/4/	C9 7 0		1	den der	P.	-1:1 DY
3 YUNERAL DIRECTOR	PIS SIGNATURE	ADDRESS	and	C'D BY DECIS	TALL DIE STORY	STRATE'S SIGNAL	words Ch
A A A	3 SIGNATURE	TO I	. 1	C'D BY REGIST		& S. FERANA	
Kalph	motion	Dusing win	ma duar	1 / 59	Cittin	a, ruana)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIEICATE OF DEATH

03018

	301	1	CER	HIFICA	ALE OF DI	AIR			Re	g. Dist. I	No.	
1. PLACE OF DEATH			A	ARYLAND	2. USUAL RESIDE	-	e deceased	lived. If in	JNTY .		efore odm	ission)
	cil				Maryl				C	ecil		
RURAL ond give	N (If outside corporate lim e nearest town)	its, write	c. LENGTH OF S	TAY IN 16	c. CITY OR TO	WN (If out	side carpo	rate limits, w	rite RURAI	L and give	nearest to	wn)
Elkto				vrs.		ton						
d. NAME OF HOS	SPITAL (If not in hospital,)	give street	oddress)		d. STREET ADI	DRESS					e. IS R	A FARM?
	on Hospita	al			509 N	Jorth	Str	eet			YES [] NO
3. NAME OF DECEASED	Fi	rst	Mi	iddle	Lost	4	4. DATE OF	~	Month		Day	Yeor
(Type or print)	Harry		L.		Croak		DEATH	one	20	h	7	19.57
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MA	ARRIED [8. DATE OF BIRTH	TALL .	-	9. AGE (In)	reors IFL	JNDER I YE		-
M.	White	WIDOW	ED DIVO	ORCED	May 15.	100	0	60	yrs. Mo	onths Doy	s Hour	s Min.
10a. USUAL OCCUPA	ATION (Give kind of work	done 10b.	KIND OF BUSINES	SS OR INDU	212-1	E (Stole or	foreign co	ountry)		12. CITIZEN	OF WHA	T COUNT
Proving most of v	working life, even if retired upply Co.	1)	Ruildin	o Mot	erialTow					TT S	S.A.	
13. FATHER'S NAME			Darrain	R Man	14. MOTHER'S M		MF			0 . 1	. 17.	
Tohn	Croak					len		C				
	EVER IN U. S. ARMED FOI	CEC2 114	SOCIAL SECURITY	(NO 117 I	NFORMANT	Tell	GLAS	3	TANO.	37 1	7. 01	
{Yes, no or unknown]	(If yes, give war or dates of	service				75			509	Nort		
			213-05-6		Mrs. Do	ra M	. Cr	oak,	Elkt	ion,	Md.	
	DEATH [Enter only one co	ouse per li	ne for (0), (b), ond	(c).]	1						NTERVAL I	D DEATH
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE ()(Cerel	na	5 07	en	de	hay	10		nauc	63
33/x	DUE TO							4	_			
Conditions, i	fany, which)	1	Conto	112.1	clare	,	0	10 01	120			
gove rise to							1				41.0	
lying couse lo		r)										
PART II.	OTHER SIGNIFICANT CON	1	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMINA	AL DISEAS	E CONDITION	V GIVEN I	N PART 1(o	1 19. WAS	AUTOPSY
PART II. 1											YES [ORMED?
20g ACCIDENT	WAS TINDERLYING [7]	20h DES	CRIRE HOW INJUI	RY OCCURRE	D. (Enter noture of i	niury in Po	rt I or Por	II of item 1	11		1 163	110
OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF DEATH	100.013		II OCCORNE	s. Itimes morbie of		.,					
				100 01	CE OF BUILDY AL		loor rate					
20c. TIME OF IN	m.	While	NJURY OCCURRED Not while	for	ACE OF INJURY (Ho tary, street, office b	idg., etc.)	201. (City	or town)		(Coun	ly)	(Stote
p. 1	m. 19	of wor		J								
21. I certify	that I attended the	deceas	ed fram		19:54	1a Par	uh	7, 19	J th	at I last	saw the	e deceas
alive on	arch 7	195	9 and t	hat death	accurred at.7	20	M. from	-				
_	1.0		77-		7-	A	DDRESS (SI	reel, city or	lown, state)		DATE SIGN
ACTUAL SIGNATURE:	n. Ho	100	Che 1		M.D	8 00	the	h	100	n	10,0	[M.
SIGNATURE					m.U	L'amondé a la d			-7-74-		Mari-	K-1
PHYSICIAN'S NAME (Type)												
	TION, 226. DATE THERE	OF.	22c. NAME OF	CEMETERY O	D CDEMATORY	12	24 10C+	HON ICIN				
REMOYAL (Spec	cify) /- /						9	TION (City, to	2 1			ote)
Burial		9	Gilpin	i mano	or Memor		Park	-	ktor			
23. BUNERAL DIRECT	OR'S SIGNATURE		Elkton.	Md.	2	40. REC'D	BY REGIST	RAR 24b.		R'S SIGNA		
DAROMI	6 NIAK	1/	manufacture of the B			DATE MIA	UI T	00	Com	-1 d. /6	nama	

TE OF DEATH	CERVINGA CERVINGA	
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TO FUNERAL DIX. OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please carban papers. Pages 1 and 2 sthe registrar prior to burial, cremation, ar remayal, and in any event within 72 halps after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VS A1S (4) 1SM 9/58 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3030

13019 Reg. Dist. No. 96

2006				Keg. Di	51. 140.
o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary		If institution: Resider COUNTY	nce before admissian)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Perry Point	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate lim		give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION V.A. Hospital	t oddress)	d. STREET ADDRESS	Hamilton	Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EVERET	Middle TE HUBERT	CROXTON	4. DATE OF DEATH	Month March	Day Year 9 19 59
5. SEX 6. COLOR OR RACE 7. MAR White WIDOW		B. DATE OF BIRTH 4-26-1896	9. AGE lost	(In years birthdoy) Months yrs.	Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Realtor	Real Estate	South Ca			IZEN OF WHAT COUNTRY
3. FATHER'S NAME William L. Cro		14. MOTHER'S MAIDEN	then (Dec		
	ine for (o), (b), and (c).]	ospital Reco			int, Md. INTERVAL BETWEEN ONSET AND DEATH 4-5 days
Conditions, if ony, which gove rise to immediate couse (a), stating the under-	resolved teriosoleroti: teriosolerosi:				unknown
PART II. OTHER SIGNIFICANT CONDITIONS				DITION GIVEN IN PAR	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE				
Hour a.m. While	1 1-	ACE OF INJURY (Home, for ctary, street, office bldg., et	m, 20f. (City or tow	n) (County) (State
21. I certify that attended the decear and the decear attended to the decear attended to the decear attended to the decear attended the decear att	ERVA	M.D. V.A. Hos Director	AM, from the co ADDRESS (Street, ci Bpital, Pe) Profess	cuses and an thing or town, stote) Cry Point Sional Separation (1)	DATE SIGNE Md. 3-9-5 rvices (State)
BURIAL 5/11/59 23. FUNERAL DIRECTOR'S SIGNATURE TNC.	ADDRESS 34 Georgia Ave			ngton, D.	GNATURE

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rry Point, 181, 3-9-59	val. fartuaph .a.v	18 18 18 18 18 18 18 18 18 18 18 18 18 1	ZIVAL	
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FOR STATE HEALTH DEPT.

ur death. If any delay is necessary, please 2, 2, and 3 to the funeral director. Page Page 5 may be retained or your files. I and 2 with the State B. Of Health, in 72 hours after death.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after			TO FUNERAL DIMETOR: Page 3 should be used as a burial-transit permit. File pages 1	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
3033	Reg

	MEL	DICAL EXAMIN	NER'S	CERTIFICA	TE OF	DEATH	18	03020
	3033						Reg. Dist.	, No.
1. PLACE OF DEATH a. COUNTY	Cecil	MAI	RYLAND	2. USUAL RESIDENCE O. STATE Della	(Where decease		ew Cast	
b. CITY OR TOWN (If ou and give nearest lown) Elkton		c. LENGTH OF STA		c. CITY OR TOWN		porate limits, write		ive necrest fown)
d. NAME OF HOSPITAL	OR INSTITUTION (IF	nat in hospital, give street addr	ess)	d. STREET ADDRESS	5			e. IS RESIDENCE
				349 E. Ma	in			YES NO
3. NAME OF DECEASED (Type or print)	George E	Middle		Davis	4. DATE OF DEATH	Mont		3 1959
5. SEX	6. COLOR OR RACE 7	- MARRIED T NEVER MARRI	ED B.	DATE OF BIRTH		9. AGE (In years fast birthday)	IF UNDER 1Y	The second secon
w	W	WIDOWED DIVORCE		7-8-1885		73: yrs.	Months Do	rys Hours Min.
100. USUAL OCCUPATION	(Give kind of work do	ne 10b. KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (Ste	ote or foreign o		12. CITIZE	N OF WHAT COUNTR
Painter	life, even if retired)	Painting ho			7.1			A.
13. FATHER'S NAME Will	am T. Davi	is		14. MOTHER'S MAIDEN	NAME	Sullivar		
15. WAS DECEASED EVER			D. 17. IN	FORMANT				k, De 1.
	yes, give wor or dates of ser	vice)			0 7 2			
	w.w,1	per line for (a), (b), and (c).	Mr	s. George E	ou Dav.	rs. 347 F	. Main	INTERVAL BETWEEN
	ste couse	Acute Co		ry Thrombus				
PART II, OTHER	R SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART I	(a) 19, WAS AUTOPSY PERFORMED? YES NO X
PART II. OTHER 200. EXTERNAL CAUSI PRIMARY OF CONT CAUSE OF DEATH.	E WAS 206.	DESCRIBE HOW INJURY OCC	URRED. (E	nter noture of injury in F	ort I or Port II	of item 18.)		
20c. TIME OF INJURY	Month, Day, Year		20e. PLAC	E OF INJURY (Home, fo	rm. 20f. (Cil)	or town)	(County	y) (Stote)
Hour o.m.	19	While Not while of work	10010	ory, street, office bldg., e	efc.)			
						spection 🖃	Inquiry	and in m
21. I certify tho	t I took charge o	at work of work	ed abo	ve, held an Auto	osy 🔲, I	nspection , Undete	Inquiry:	
21. I certify tho	t I took charge o	of work of work of the remains describe	ed abo	ve, held an Auto	osy [], In Hamicide			
21. I certify the opinion death of ACTUAL SIGNATURE	esplited from:	of work of work of the remains described turol causes , According to the control of the control	ed abo	ve, held an Autor	DSY , In Hamicide	. Undete		onner 🗌
21. I certify the opinion death re	t I took charge o	of work of work of the remains described turol causes , According to the control of the control	ed abo	ve, held an Autor, Suicide , M.D. CHIEF MEDICAL	Hamicide EXAMINER ICAL EXAMINE	, Undele		onner 🗌
21. I certify the opinion death of ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify)	R.C. Dodso:	of work of work of the remoins described of th	ed abortident [we, held an Autop , Suicide , , M.D. CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICAL CREMATORY	DSY , II Hamicide EXAMINER ICAL EXAMINER 122d. LOCA	Undete	rmined mo	DATE SIGNED (Stote)
21. I certify the opinion death to actual SIGNATURE EXAMINER'S NAME (Type)	R.C. Dodso: Mar. 6, 1	of work of work of the remoins described of th	ed abordident [M.D. CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICAL CREMATORY Creek	DSY , II Hamicide EXAMINER ICAL EXAMINER 122d. LOCA	Undele	rmined mo	DATE SIGNED (Stote)

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FOR STATE HEALTH DEPT.

If any delay is necessary, please 3 to the funeral director. Page nay be retained for your files. may be retained with the State B pencil in Item 18. Give Pages 1, s Office along with form PM3. P writing the word "pending" in pencil in Item, 18. Give to the Chief Medicol Exominer's Office along with form Page 3 should be used as a buriol-tronsit permit. File rded 1 4 should be f its designated 0 VS. A15ME

BM 2/57

		MARYL		L EXAMINE	R'S	CERTIF	ICA1	E OF	DEATH			302	1
7.	PLACE OF DEATH o. COUNTY Cec.i.1	3034	176	MARYL	AND	2. USUAL RESIE o. STATE		/here deceor	ed lived. If institu b. COUNT	tion: Resi	Dist. No dence bef		ission)
		autside corporate limits, writ	e RURAL	c. LENGTH OF STAY IP	N 16	c. CITY OR 1			porate limits, write			earest to	wn)
		th East Rur		5 years		×		rth E	ast Rural				17.50
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hos	pital, give street address))	d. STREET AC	DORESS					ON	A FARM?
3.	NAME OF DECEASED (Type or print)	Fir Wil	ı liam	Middle Robert		Davis		4. DATE OF DEATH	Month	h	Day 3		Year 1959
5.	sex male	6. COLOR OR RACE White	7. MARRI	DED NEVER MARRIED		DATE OF BIRTH	19,	1881	9. AGE (In years last birthday) 777 yrs.	Months Months	R IYEAR Days	Hours	Min.
10	during most of working	ON (Give kind of working life, even if retired) aspector Re		KIND OF BUSINESS OR IN	NDUST			or foreign o		12. CI	TIZEN OF		COUNTRY
13	. FATHER'S NAME					14. MOTHER'S A							
		LON DAVIS ER IN U. S. ARMED FO (If yes, give wor or doles of		SOCIAL SECURITY NO.	17. #	FORMANT	Nan	Baker	Address				
	no			_		Rober	t Ra	y Dav:	is North	East	, Md		
NO	Conditions, if a gove rise to imme (o), stating the couse lost.	diole couse underlying DUE TO)	ACUTE		oronary	HE TERMI	NALDISEAS	E CONDITION GIV	/EN IN PA	RT 1(0) 1	9. WAS	AUTOPSY ORMED?
CERTIFICATION	20g. EXTERNAL CAPRIMARY OF CO	USE WAS NTRIBUTING 2	06. DESCRIB	E HOW INJURY OCCUR	RED. (E	nter noture of inju	ry in Parl	t I or Part II	of item 18.)		,	YES 🗍	NO D
MEDICAL	l .		Whil			CE OF INJURY (Hi			or town)	(C	ounty)		(State)
		R.C.Dods ON, 22b. DATE THEREO 3-4- 195	On OF	remains described causes . Accid	ent [_M.D. CHIEF ME ASSISTAN DEPUTY A	DICAL EX	Homicide (AMINER AL EXAMINER	TION (City, town,	Mar or county	ch4t	DATE:	
	Joseph Ol	Thank	Nor	th East, Md			DATERAT	5 '5	9 00	Chur S.	Krau	à	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03022

30110					Reg. Dist. N	0.	
1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Md.	Where deceased li	ived. If institution b. COUNTY	n: Residence bel	fore admiss	sion)
b. CITY OR TOWN (If outside carporate limits, w RURAL and give nearest tawn) Elkton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		te limits, write RU	IRAL and give n	earest lawr	n) 🗸
d. NAME OF HOSPITAL (If not in hospital, give son institution Union Hospital		d STREET ADDRESS					SIDENCE FARM?
3. NAME OF First DECEASED (Type or print) NELLIE	Middle P.	DEMPSEY Loss	4. DATE OF DEATH	March	2		Year 19 59
	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH October, 24,	- 1		Months Days	RIFUNDE	
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDU	Galena,		ntry)	U.S.F		COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN					
Harry S. Dempsey		Winnie W	alls				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war ar dates of service)		. Harry S. D	empsey,	Gale	ena, Md.		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	Careinsmo	a dobis	Pre	art		ISET AND	
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	•				N IN PART 1(a)	PERFO	AUTOPSY DRMED?
	DESCRIBE HOW INJURY OCCURRE			of item 18.)			
Hour a.m.	Vhile Nat while far	ACE OF INJURY (Home, fo ctary, street, affice bldg., e	etc.)		(County		(State)
21. I cortify that I attended the decalive on walk 3 ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) Gint Co	A	M.D. Min	M, from 1	the causes and the city or town, st	nd an the de	ate state	
22d Burial CREMATION, 22b. DATE THEREOF Burial Specify) March, 5, 195	22c. NAME OF CEMETERY OF Galena Cemet			N (City, tawn, or		(Stote Md.	e)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS W. S		C'D BY REGISTRA	R 24b. REGIST	TRAR'S SIGNATU		

ASSINGSHEED COMMON	F DEATH		1;	
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	AND ASSESSED TO THE PERSON NAMED IN			
Lange of Sin age of			1 200E, 1,	Charles 10 700
Burney Alley -	AVAILET WEST			

3019 Page PLACE OF DEATH a. COUNTY MARYLAND requires that the death certificate be executed within 24 haurs after death. b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION Union NAME OF DECEASED First Middle (Type or print) Rebecca Lynn 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED Female. Mite WIDOWED [7] DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during mast of working life, even if retired) puo 13. FATHER'S NAME attending physicion Howard Dougherty 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO by Canditians, if any, which ony gave rise to immediate DUE TO cause (a), stating the underlying cause last burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PHYSICIAN: The low 0 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED detoched for use as the cremation. WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLA Haur a. m While Not while at work at work 21. I certify that I attended the deceased fram. and that death STOR: ACTUAL TO FUNERAL D page 3 shoul PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF Bact Me 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS North East, Maryland MAR 2 0 '59

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TE OF DEATH	JSUAL RESIDENCE (Where deceased lived. If is a state Maryland b. Co. STATE Maryland b. Co. CITY OR TOWN (If outside corporate limits, v. Elkton (Rurad. STREET ADDRESS Lost Of Death Maryland P. AGE (In lost birth arch 17, 1959 11. BIRTHPLACE (State or foreign country) Maryland MOTHER'S MAIDEN NAME Georgia Lewis MANT		Reg		st, No.			
a STATE			If institution.		ec:		re odmiss	ian)
c. CITY OR TOWN (If a	utside carpo	rate lim	ils, write R	URAL	ond :	give nec	prest fawr	1)
X	1kton	CR	iral)		RD	#3		
/d. STREET ADDRESS							o. IS RES ON A YES	DENCE FARM?
Lost Dougherty	4. DATE OF DEATH		Mon March			Do 17		Year 19 59
B. DATE OF BIRTH		9. AGI	(In years	IF UI		-		R 24 HRS.
March 17,195	9		yrs.	Moi	iins	Days	Hours 6	Min. 50
TRY 11. BIRTHPLACE (State	ar fareign o	auntry)		1	2. CII	IZEN C	F WHAT	COUNTRY?
Mar	yland					US	A	
14. MOTHER'S MAIDEN N	AME		***					
Geo	rgia :	Lewi	s					
FORMANT			Add	1055	17			
Howard Dough	erty,	1	Elkton	, M	1.	R.D	.#3	
+ (wt:11	16. 14	02,) -			INTI	RVAL BE	TWEEN DEATH
nother with mea.	shi an	dt	Apr. py	irex	ic			
NOT RELATED TO THE TERMIN	VAL DISEAS	E CON	DITION GIV	EN IN	I PAR	T 1(o) 1	9. WAS A	AUTOPSY RMED? NO
). (Enter nature of injury in P	art f ar Por	t II of i	tem 18.)					
CE OF INJURY (Hame, farm, lary, street, affice bldg., etc.	20f. (Cit)	or taw	n)		(1	County)		(State)
. 19.59, to	17/101	.6	10.5%	- sh	40 2	last se	uu tha	deceased
accurred at 10.05	M, fran	n the	causes o	ind o	an t		te state	
)			'					
CREMATORY	22d. LOCA	TION (C	ity, tawn, o	or cau	inty)		(State	e)
thodist Comet	No	rth	Fast			14	ary1	and
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VS A15 (4)

15M 9/5B

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Reg. Dist. No. 96

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Year March 28 19 59 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days 12. CITIZEN OF WHAT COUNTRY? USA Not obtainable from records Address Hospital Records, VAH, Perry Point, Md. INTERVAL BETWEEN ONSET AND DEATH unknown unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 1B.) (County) (Stote) 21. I certify that X attended the deceased from October 13, 19, 26, to March 28, 1959 http://documenter.com/ XXXXXXXXXX and that death accurred a8:200 M, fram the causes and an the date stated abave. ADDRESS (Street, city or town, stote) M.D. V. A. Hospital, Perry Point, Md. Clinical Pathologist 22d. LOCATION (City, town, or county) (Stote) Arlington. Va. 24b. REGISTRAR'S SIGNATURE Pennington & Sen DATE APR 3 arthur & Huges Havre de Grace, Md.

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	numbersii sv	1277 B. Sago, 154	palo C	CE-18'S
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MARYLAND		ENT OF HEALTH	H—BALTIMORE, 18	13024 Dist. No.
1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution: Res b. COUNTEC	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pagest town) Colora Md. Rural	c. LENGTH OF STAY IN 16	Colora.	Md Rural	ond give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION	t address)	d. STREET ADDRESS		e. IS RESIDE ON A FA YES N
3. NAME OF DECEASED (Type or print) Olive.	Russell	Gibson	4. DATE OF March	25 5
5 any	7		Towns of the contract of the c	

Cec	11	MARYLAND	Md.	B. CO	vecil	
Colora M	f outside corporate limits, write orest to Rural	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	Md. Rural	rite RURAL and give	e nearest town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in haspital, give stree	t address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Olive. First	Russell	Gibson	4. DATE OF DEATH Marc	Month h	25 59
5. SEX Female.	Tale . e a:	ABYRS. C. LENGTH OF STAY IN 1b C. CITY OR TOWN Iff outside corporate limits, write RURAL of ABYRS. Colora, Md. Rural	doy) Months Da	EAR IF UNDER 24 HRS		
Housewife.	N (Give kind af wark dane 10th ing life, even if retired)			ar fareign country)	U. S	OF WHAT COUNTRY
13. FATHER'S NAME Alexand	ler Rus	sell			3	
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16 If yes, give war or dates of service) 2			son Colo		Rural
PART I. DEAT	TH [Enter only one couse per of the WAS CAUSED BY: IMMEDIATE CAUSE (a)	2. 21	Colon			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if an gove rise to im couse (a), stating t	n mediote DUE TO	ucuma.	6 Spin	-nitost	xtic	14
	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	N GIVEN IN PART 1(4	o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	☐ CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in I	ort I or Port II af item 1	3.)	
20c. TIME OF INJURY Hour o. m. p. m.	While	e Not while fo			(Cour	nty) (State
ACTUAL SIGNATURE			accurred at	M, fram the cause	s and an the d	
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION REMOVAL (Specify)	udley th 1, 122b. DATE THEREOF 12-28-19-19	22c. NAME OF CEMETERY C	0	22d. LOCATION (City, N	own, ar county)	(State)
23 FUNERAL DIRECTOR'S	SIGNATURE MALLON	Rising Sun	240. REC'I		REGISTRAR'S SIGNA	

double dilacent Marien 15 Cot. 1, 1885 1 500 ad Mill a Lario Over Home Permit I of two agail. antiral error offine data Liesaud dendinate 220-24-1207 Bayman E. Sibeon Dolors ad Burel Contest The Cartes and Sun Middle was a street was MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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and the same of the	COURT TAIL CONT. PER 11	if hotel, et.	91*0541:33

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03026

038	CERTIFICATE	OF	DEATH
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Pen Dist No

								Keg. DI	31. 140.		
1. PLACE OF DEATH o. COUNTY Cecil			MARYLA		o. STATE	Where deceased	b. COUNTY		nce befor	e admissio	n)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN	(If outside corpor	ote limits, write f	URAL ond	give near	rest town)	
Elkton R	and the same		20 yrs,		× Elkton	R.D.	3				
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)	1	d. STREET ADDRESS					ON A F	
3. NAME OF DECEASED (Type or print)	Fir Bettie	st	Middle Lawrence		Lost Harris	4. DATE OF DEATH	March	nth	Day		ear 9 59
5. SEX		7. MARR	HED NEVER MARRIED	8.1	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER	1 YEAR	IF UNDER	
Female	White	WIDOW			ept. 12.	1883	lost birthday) 75 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR I				1 0	12. CI1	TIZEN OI	F WHAT C	OUNTRY
Housewif	ting life, even if retired	H	ousekeepir	10	Tenn.				TT	S.A.	
13. FATHER'S NAME		-	o or or o o o o	-	14. MOTHER'S MAIDE	N NAME			0.	J.A.	
L.D	Lawrenc	е			Tennie	Lawren	Ce				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFC		2011 011	Add	ress			
No	(If yes, give war or dates of s	ervice)		Mr	s. Frank	A. Sta	anley.	Elkt	on.	Md.	
Conditions, if a gove rise to it code (o), stoting lying couse lost. PART II. OTT	the under-)	ONTRIBUTING TO DEATH	BUT NO	OF RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	/EN IN PAR	T 1(o) 19	. WAS AL	JTOPSY MED2
3			7	wa	vL_			15.0		YES 🔲	
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter nature of injury	in Port I or Port	II of item 1B.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While	NJURY OCCURRED 20. NoI while of work	e. PLACE factor	OF INJURY (Home, for, street, office bldg.,	orm, 20f. (City etc.)	or town)	((County)		(Stote)
21. I certify the alive an	at I attended the	decease 125 In	4	eath of	1959, 10_ccurred at 12.0		the causes of th			e stated	
220. BURIAL, CREMATIO	N. 22b. DATE THEREC	F	22c. NAME OF CEMETE	RY OR C	REMATORY	22d. LOCAT	ION (City, town,	or county)		(Stote)	
Burial	3/19/5	9	Gilpin Ma	anor	Memoria	1 Park	Elkto	on. N	Id -		
23. FUNERAL DIRECTOR	SSIGNATURE /	20/	ADDRÊSS Elkton, Mo	122		MAR 2 4	RÁR 24b. REGI	STRAR'S SIG			

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RE, 18

Reg. Dist. No.

03027

	MARYLAND	STATE DEPARTM	ENT OF HEALTH—BALTIMOR
	3039		ATE OF DEATH
PLACE OF DEATH b. COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If it o. STATE b. CC
RURAL ond give Perry		c. LENGTH OF STAY IN 16 4 mo. 27 day	c. CITY OR TOWN (If outside corporate limits, Cumberland
d. NAME OF HOSP	ITAL (If not in haspital, give street		d. STREET ADDRESS

e. IS RESIDENCE ON A FARM? YES NO

Manth Year 1959 March IF UNDER 1 YEAR IF UNDER 24 HRS Manths Doys Hours

12. CITIZEN OF WHAT COUNTRY? USA

Address

INTERVAL BETWEEN ONSET AND DEATH Carcinomatosis, adenocarcinoma of the right unknown breast with metastases to the pleura, hilar lymph nodes, peritoneum, preaortic nodes and skin

(County)

ADDRESS (Street, city or town, state)

V.A. Hospital, Perry Point, Md.

22d. LOCATION (City, town, or county)

PERFORMED?

YES NO

(State)

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death certificate be executed within 24 haurs after death. Page 4	J
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3040

CERTIFICATE OF DEATH

03028

o. COUNTY Cecil Maryland o. STATE Mary b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Chesapeake City 40 Yrs X Chesape	CE (Where deceased lived. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake City LOCATION C. CITY OR TOWN CHESAPEAKE CITY CHESAPEAKE C. CITY OR TOWN CHESAP	
Chesapeake City 40 Yrs X Chesape	ryland Cecil
	VN (If outside corporate limits, write RURAL and give nearest town)
	eake City
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENT ON A FARA
Randalia Rd. Randali	ia Rd. YES X NO
3. NAME OF First Middle Lost	4. DATE Month Day Yeor
(Type or print) ATEXANDER HOTRA	DEATH March 8, 195
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 I
Male White WIDOWED DIVORCED 10/15/188	OST DIFFERON Months David Harris March
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (S	
during most of working life, even if retired)	
Govt. C & D Canal Ukraj.	
3. FATHER'S NAME	IDEN NAME
	rence
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes, give wor or doles of service)	Address
No 214-12-2155A Mrs. Al	lexander Hotra Ches. Cit
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b)	INTERVAL BETWEE ONSET AND DEAT TIME TO THE TRANSPORTER TO THE TRANSPOR
gove rise to immediate	
DUE TO Itying couse lost. Dart II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE OF A CLOSENT WAS UNDERLYING TO 120b. DESCRIBE HOW INJURY OCCURRED (First policy of injury)	PERFORMED PLANSAL YES NO
Couse (o), stoting the under DUE TO lying couse lost. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETE TOTAL OF ANGLOSS FAST CREATED TO THETE	PERFORMED YES NO NO No. form, (20f. (City or town) (County) (Si
DUE TO ving couse lost. Cc	PERFORMED YES NO NO No. form, (20f. (City or town) (County) (Si
COUSE (0). stoting the under lying couse lost. Past II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETE 200. ACCIDENT WAS UNDERLYING 1 CAUSE OF DEATH CIFETHER, NOTIFY MEDICAL EXAMINER; 200. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work of wor	PERFORMED YES NO
DUE TO Source Col. Stoting the under Due To Stoting couse Col. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE Part III. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE Part III. OTHER SIGNIFICANT CONTRIBUTIONS CONTRI	PERFORMED VES NO

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	3041		CEKIII	TICA	TIE OF DEA	AIH			Reg. D	ist. No	,	
o. COUNTY	Cecil		MARYL	AND	2. USUAL RESIDENCE o. STATE Md.			If institution.	oni Reside		ore odmiss	iion)
b. CITY OR TOWN (IF RURAL and give ne Chesapeak		s, write	c. LENGTH OF STAY II		c. city or town	N (If outside o			URAL and	give ned	arest tawr	1)
	AL (If not in hospitol, gi	ve street			d. STREET ADDRE		010	у			ON A	FARM?
3. NAME OF DECEASED (Type or print)	Firs JOHN	t	Middle	H	RABEC	4. DA OF DE		Mon rch	16.	Do		Yeor 19 59
s. sex Male	White	WIDOW			Jan. 18.	1886	9. AGE lost	(In years birthday) 73 yrs.	Months Months	Days	Hours	Min.
Carpe	N (Give kind of work ding life, even if retired) onter		KIND OF BUSINESS OR Retired	INDUS		(Stote or forei	gn country)		12. CI	USA	OF WHAT	COUNT
3. FATHER'S NAME	Info				14. MOTHER'S MAII	DEN NAME	0					
IYes no er unknown)	IN U. S. ARMED FORC If yes, give wor or dates of se		social security no. None		iformant Lchael Hr	abec	Cl	nesar		e C:	ity,	Md
Canditions, if an gave rise to in cause (a), stating t lying cause last. PARTIL OTH	imediate he under- DUE TO (c) ER SIGNIFICANT COND STATIC	H4	ONTRIBUTING TO DEAT	PHY	,				'EN IN PAI	RT 1(o) 1	19. WAS PERFO YES [PRMED?
PART OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a. m. p. m.	MEDICAL EXAMINER)		_ Not while	20e. PLA	CE OF INJURY (Home ory, street, office bldg	, farm, 20f.				(County)		(Stote
21. I certify the alive an	at I attended the	decease 1, 125			accurred at 2		ram the s (Street, cit	causes a			te state	
PHYSICIAN'S NAME (Type)	HENRYV.	DA	115	^	A.D	CHE	SAPEN	KEC	2174	/	70	3/16/
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Mar 18,	1959		Ses			hesa)	-		ty,	(State	
23. FUNERAL DIRECTOR'S	SIGNATURE SIGNATURE	E DO	alph Die I	Elki	240.	REC'D BY RE		24b. REGIS	THAR'S SI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 funeral director, ald be filed with may be retained by the haspital ar ottending physician.

Deureral process After this certificate has been signed by the attending physician and completely filled in bagge 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pager 1 and the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. TO FUNERAL D VS A15 (4) 15M 9/55

P 5 0 CONTRACTOR IN CO. A PART OF THE PART

VS A1S (4) 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	3042	CERTIFICA	ATE OF DEATH	1	Reg.	Dist. No.	U
PLACE OF DEATH O. COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (WHO Maryland			ence before admission	on)
b. CITY OR TOWN	(If outside corporate limits, writ	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate lin	mits, write RURAL on	d give nearest town)	
Port De	posit, Rural	Life	x Port Der	posit,	Rus	ral	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give streeter Craig Town		/ d. STREET ADDRESS Craig	Town		e. IS RESIL ON A I YES	FARM?
3. NAME OF DECEASED (Type or print)	Mary	Middle Louise J	lackson	4. DATE OF DEATH	March		eor 9 59
S. SEX	7177 9 1 .	ARRIED NEVER MARRIED	8. DATE OF BIRTH	los	t birthdoy) Months	ER 1 YEAR IF UNDER	R 24 HRS Min.
F'emale		WED TO DIVORCED	Feb.5, 188		yrs.		
during most of wor	rking life, even if retired) SE WITE	06. KIND OF BUSINESS OR INDU	Maryla Maryla		12.0	US A	DUNTRY
13. FATHER'S NAME	amuel	Jackson	14. MOTHER'S MAIDEN N	NAME	Badder	S	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		NFORMANT Ray Jackson,	, Port I	Address Deposit,	Md.R.F.	D.
592 X Conditions, if a gove rise to couse (a), stating lying couse lost.	immediate DUE TO	Gulfinie	Cafferi			Gree	.63 -
PART II. OT	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TEXM	//	DITION GIVEN IN P	PERFOR	MED?
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING (206. D) CAUSE OF DEATH (MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Part II af	item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	Wh	ile Not while far	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	20f. (City or tov	vn)	(County)	(Stote
21. I certify the alive an ACTUAL SIGNATURE	hat I attended the dece March 12, 19	57, and that death	accurred at TA	M, from the condition of the condition o	causes and an t	last saw the de he date stated	
	Clarence I.			7	n	At.	
220. BURIAL, CREMATIO	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY		City, town, or county		_
Burial	3-16-1959		emetery	Port	Deposit,	Md.Rura	1
23. FUNERAL DIRECTOR	PESIGNATURE	ADDRESS Perryvil	le Md. 240. REC'I	D BY REGISTRAR	24b. REGISTRAR'S		

Service, Africano meca anda indeminational en nos days montanas de passos de SEED OF THE SEASON WHITE SEASON SEEDS The armulating of the state of A CAREST ... FORDITAL The many the contract of the c Charles H group and the state of t

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	304	2	CEKI	IFICAI	E OF DEA			Reg. D	ist. No		
1. PLACE OF DEATH a. COUNTY Cecil			MAR	YLAND 2.	o. STATE Mary Land	Where decease	d lived. If instituti b. COUNTY		Ceci		iion)
b. CITY OR TOWN (If RURAL and give nea		its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If autside carpo	orate limits, write f	URAL ond	give ne	arest town	1)
	East Rura	1	32 ye	ears X	Nort	h East,	Rural				
d. NAME OF HOSPITA OR INSTITUTION	L (If nat in haspital, g	give street	oddress)	/	d. STREET ADDRESS					e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type at print)	Fir Fr	ance	Middle S Galati		Janney	4. DATE OF DEATH	Mar	oth 3	Do	1	Year 19 59
female	6. COLOR OR RACE white	7. MAR	RIED NEVER MARRI	_	4-3-1873		9. AGE (In years last bushday) yrs.	IF UNDE Manths		Haurs	Min.
0a. USUAL OCCUPATION during mast af warking	(Give kind af wark ig life, even if retired	dane 10b.	KIND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE (Sto	ate ar fareign c	ountry)	12. C	ITIZEN C	F WHAT	COUNTR
Housewi	ife		6		New Y			J	JSA		
3. FATHER'S NAME	3-16-14 Ca	9-42		The state of	4. MOTHER'S MAIDER	· · · · · · · · · · · · · · · · · · ·					
	Bedford Ga					James					
15. WAS DECEASED EVER (Yes, no or unknown) (if	IN U. S. ARMED FOR yes, give war or dates of s					OTT THE	North Ea		Mos	ry 1 an	ad
no i			none		in R. Jann	ey Jr	NOI LII Ea	20 14			
	H {Enter anly ane co H WAS CAUSED BY:	ouse per li	ne for (a), (b), and (c).	1 0.	/ -	1			ONS	ERVAL BE	DEATH
	MMEDIATE CAUSE (a	1	11/1000		15 e 7	0.16	2 me		10	sele	2.5
443X	DUE TO	2	2.	00	_ /	/ /					
Conditions, if any)	2 JOCON	d-Ye	S a 13/1/2	1.4-10-	- 4.0		ڪ ا	· Con	0
gave rise to im cause (a), stating th lying cause last.		1	Anten:	0801	(-23:6				1	0 00	~
	R SIGNIFICANT CON	-	CONTRIBUTING TO DE	7		RMINAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(a)	PERFO	AUTOPSY PRMED?
	UNDERLYING []] CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (E	inter nature af injuly	in Post I ar Par	t II of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Ye	ar 20d. I While at war			OF INJURY (Hame, for, street, affice bldg.,		ar tawn)		(Caunty)		(Stote)
21. I certify that alive an 3	t I attended the	deceas	ed fram Jos		1953, to	OPM, fran	n the causes of troot, city or tawn.	and an	last so	te state	deceased abay
SIGNATURE	1 / K M	170	any		1/30	1000	1608.1	ne	e.f	7	4/0
PHYSICIAN'S NAME (Type)					t size size till size size and one one one one one						
22a. BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREC	F	22c. NAME OF CEM	ETERY OR CE	REMATORY	22d. LOCA	TION (City, tawn,	or caunty)		(State	e)
Buria1	3-7-59		Bar	Viou	Nethodist		Bay View	, Cec	i1 (.o.	Md
3. FUNERAL DIRECTOR'S	SIGNATURE).T	ADDRESS PACE	Ma 1	24a. RE	C'D BY REGIST	TRAR 24b. REGI			RE	
Hoseph (1 Franci	1	orth East,	Mary	DAMA	R 9 '59	anth	wn 8. 1	traus		

A D T G H L L L L L L L L L L L L L L L L L L	CERTIFICATE OF DEATH	
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	post a Service State of the service	
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	ADDRESS OF THE STREET	

VS A15 (4) 15M 9/55 13

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1020	CERTIFICATE	OF	DEAT	ŀ
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Reg. Dist. No.

	00.0								Keg. Dist	r. No.	
1. PLACE OF DEATH o. COUNTY Cec	il		MARY	LAND	2. USUAL RESI	Md.	ere decease	d lived. If instituti b. COUNTY			ission)
b. CITY OR TOWN (II RURAL ond give ne Elkton	•	ts, write	c. LENGTH OF STAY	IN 16		TOWN (IF o	utside corpo	prote limits, write f	RURAL ond gi	ve nearest to	wn)
OR INSTITUTION	AL (If not in hospital, guntary Hospital)		address)		d. STREET					ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ERNEST		Middle J.		MANN to	51	4. DATE OF DEATH	Marc		Day	Year 1959
5. SEX Male	6. COLOR OR RACE	7. MARR	DIVORCE		B. DATE OF BIRT		880	9. AGE (In years lost birthdoy) 78 yrs.	IF UNDER 1	YEAR IF UN Days Hour	DER 24 HRS.
100. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired)	KIND OF BUSINESS O	R INDUS	STRY 11. BIRTHP	imore	or foreign o			S.A.	AT COUNTRY
13. FATHER'S NAME				10	14. MOTHER'S	MAIDEN N	IAME				
George M		CES2 14	SOCIAL SECURITY NO	17 10	Ludori	na Gri	mes	Add			
	If yes, give wor or dates of s	ervice)	30ciat seconi i No		s_Alice				ton. M		
Shock 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	the under- DUE TO (c)	DITIONS C	SONTRIBUTING TO DEL	c tas	75 1 f	of the TERMI	mor	E CONDITION GIV	/EN IN PART	Y-EU 1(0) 19. WA PER	
Y 20c. TIME OF INJURY Hour o. n. p. m.	Month, Day, Yea	While	Not while	20e. PLA foc	ACE OF INJURY I	Home, farm e bldg., etc.	, 20f. (City	or town)	{Co	ounty)	(State)
actual SIGNATURE	at I attended the	12 Sh	in hai	death	occurred at	Sa	_M, fran	n the causes of treet, city or town	and an the	e date sta	e deceased ited abave DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Mar. 13, 1		22c. NAME OF CEMP Cecilton					tion (City, town,		•	ote)
23. FUNERAL DIRECTORS		1	ADDRESS Wellingto	for.	mil	240. REC'I	BY REGIS	TRAR 24b. REGI	STRAR'S SIGN		

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VS A15 (4)

15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03033 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES T NO IX NAME OF Middle 4. DATE Month Year Day (Type or print) DEATH 19 5 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO 9. AGE (In years lost birthday) Doys Hours WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MECHANIC AUTOMOTIUSE 13. FATHER'S NAME CONINOR CATHERINE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Dams ST. WILM 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 10m/2 DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour a. n. While Not while of work at work p. m. ner 24 1957, that I last saw the deceased 21. I certify that I attended the deceased from brance , and that death accurred of / A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S Wallace Obenshain . W. Cecilton Md NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) AMBSONS 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAR 3 1 '59 arthur & Thous

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FOR STATE HEALTH DEPT.

VS. A15ME 5M 2/57 ch

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		3021								Reg.	Dist. No		
1,	PLACE OF DEATH	ecil		MARY	LAND		sidence (w	/here deceas	b. COU		dence before	ore odmiss	ion)
	o. CITY OR TOWN (IF		PURAL	D.O.			Elkto		porote limits, wr	ile RURAL o	nd give ne	arest fow	n)
•		Lon Hospi		spilol, give street oddres	s)	d. STREET		lain	St.			e. IS RES	FARM?
	NAME OF DECEASED (Type or print)	Josephin	ie .	Middle		Pasada	il	4. DATE OF DEATH	Ма	3	12	Ye.	50
	F F	W	WIDOWE			-	-1923		9. AGE (In years lost birthday) 35 yr	Months	R 1YEAR Doys	Hours	Min.
100	USUAL OCCUPATION Suring most of working Houses	g life, even if refired)	one 10b.	House Ke					ty Mis			S.A	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	Raymo	ond Anaza			76	Lou	isa I	Terna	ndez				
15. IVe	WAS DECEASED EVE	ER IN U. S. ARMED FOR (II yes, give war or dates of s		SOCIAL SECURITY NO.	1	FORMANT Juan P	asada	17	2 E. M	ain S	st.	Elkt	on Md.
NOI	Conditions, if or gove rise to immed [a], stating the uncouse lost.	inderlying DUE TO		SSIVE PULI Chronic T	hron	nbo ph		is o			RY 1(o) 19	, WAS AL	JTOPSY MEDO
MEDICAL CERTIFICATION	20g. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	ISE WAS ITRIBUTING []	DESCRIB	E HOW INJURY OCCUP	RED. (En	ter nature of i	njury in Part	l or Port II	of item 18.)		Y	ES 🕞	
MEDICA	20c. TIME OF INJUR Hour o. m. p. m.	19	While of we	e Not while ork at work	facto	E OF INJURY (ry, street, office	bldg., etc.)				ounty)		(Stote)
				remains described causes 🔁, Accid			Autopsy e , F			Inquitermined			in my
	ACTUAL SIGNATURE	hle	Di	odse	92	M.D.	MEDICAL EX		R 🗀			DATE SIG	ENED
	EXAMINER'S NAME (Type)	R.C. Dods	on			DEPUTY	MEDICAL E	XAMINER T	7	3-13	3-59		
-	BURIAL, CREMATION REMOVAL (Specify) BUTIAL			Gilpin Ma		REMATORY Memo		22d. local Park	MON (City, lown	or county)		(State)	
23.	FUNERAL DIRECTOR"	E. Wick	200	Eleton	2	rd.		BY REGIST	RAR 24b. REC	GISTRÁR'S SI	GNATUR		

EXAMINETES CERTIFICATE OF DEATH	
	Cie
62 1-13-6 Part 1	
The second of th	

FOR STATE HEALTH DERT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pending in them. 18. Give Pages 1, 2, and 3 to the forneral director. Page 4 should be paded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained forwar files.

TO FUNERAL DAMICTOR: Page 3 should be used as a burial-transit permit. Fire ages 1 and 2 with the State 8 of Health, are its designated agent, prior to burial, cremation, or removal, and in any even within 72 hours after death. 1

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13035 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Cec	41		MARYLAND	2. USUAL RESIDENC		sed lived. If institu			fore admi	ission)
	(If outside corporate limits, writ	• BURAL	c. LENGTH OF STAY IN 16			porote limits, write	RURAL on	d give n	eorest to	wn)
Geci	Itom		Life	X Hacks F	Point Es	rlville	R.D.			
d. NAME OF HOSP	ITAL OR INSTITUTION (ff not in hos	pital, give street address)	d. STREET ADDRES	SS				ON	A FARM?
3. NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE	Mont	h	Day	Y	eor
(Type or print)	John		Earle	Poere	DEATH	3	;	6	1	9 59
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIEDE	DATE OF BIRTH		9. AGE the years lost birthday)	the same of the sa	RIYEAR	IF UND	ER 24 HRS.
M	W	WIDOWE	D DIVORCED	6-1-103K		23 yrs.	Months	Doys	Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work	done 10b. I	CIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (S	lote or foreign o		12. CIT	IZEN O	F WHAT	COUNTRY
	ing life, even if refired)	R	epairing roads	Md.				U.S.	A	
13. FATHER'S NAME	200100 100000		opozi ziag i o voc	14. MOTHER'S MAIDE	EN NAME					
a	eorge M. Po	0039		Emma C	Crade					
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT) a	Address				
(Yes, no. or unknown)	(Il yes, give war or dates of	service)	21,-31,-3201	eorge M. Po	nors. Es	riville	Md.			
Kerean	ATH [Enter only one cou	se per line		corge we ve	Jorde De	TT TTO	ma.	INTE	VAL BETWI	Lati
	ATH WAS CAUSED BY:				CL 4	D		ONS	T AND DEA	AlH
8124	IMMEDIATE CAUSE (0)	T	orn left ear F	racture Lei	t tempe	LOT Roue	80	-		
0 2 3 4	DUE TO	innet	ion of p ariet	al and Frac	ture of	right.				
Canditions, if		Jone	Ton or b arrec	COLUMN TERM	30000 01	118110				
(a), stating the				h 7						
couse fort.) (c		ontal bone wit							
PART II. O	THER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GIV	VEN IN PAR	RT 1(o) 1	PERFO	AUTOPSY RMED?
3									YES 🔲	NO 💽
PART II. O	AUSE WAS	b. DESCRIB	E HOW INJURY OCCURRED (inter noture of injury in	Part I or Part II	of item 18.)				
	1.	Con	on off road or	d hit hank	and the	new him o	ust of	CAT	-	
20c. TIME OF INJ	URY Month, Day, Ye	20d.	an off road ar	CE OF INJURY (Home, I	form, 1 20f. (City	or town)	(Co	unity)		(Stote)
2.30 em	3 6 195	5 4 24 50	Not while of work of work	ory, street, office blog.,	erc.)					20.3
21. 1 certify	that I taak charae		remains described abo	ve, held an Auto	psy . I	Cecilton spection	Inqui	CV F	gC.I.I.	d in my
			causes . Accident	_		, Undete				o in my
opinion dedii	1) 0 0	1010101	Accident 2	, Joicide [],	, indinicide	Li, Undere	inined	manne	ET	
ACTUAL	1111	20	Malen	CHIEF MEDICA	L EXAMINER [DATE S	IGNED
SIGNATURE	1000/0	0		M.D.	DICAL EXAMINE					
EXAMINER'S NAME (Type)	R.C.Dods	on			AL EXAMINER	_	3-7-	59		
220. BURIAL, CREMATI REMOVAL (Specif	ION, 226. DATE THEREC	OF .	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town.	or county)		(Stote	•)
Buriel	3-9-1959		Cecilton Come	terv	0	ecilton	Cen	43	10.5	1
23. FUNERAL DIRECTO		h.	ADDRESS	/ 240. R	EC'D BY REGIST	RAR 24b, REGI				
alling	Wellerin	mu	lington n	adi DATE	MAR 1 2 "	59 a	ilhun S.	Tim	c.A.	

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by the haspital or attending physician.

TOR: After this certificate has been signed by the attending physician and campletely filled in by detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	26	17.5	CERTIFICA	ATE OF DEAT	ТН		Reg. Dist.	(13() No.	36
1. PLACE OF DEATH o. COUNTY	Cecil	740	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Mar	Where deceased y 1 and	d lived. If institution b. COUNTY	Residence Cec	1	mission)
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (URAL and give	e negrest l	own)
	North Eas		40 years	X	North	East		1. 10	RESIDENCE
OR INSTITUTION	ITAL (If not in hospitol, g	ive street	o acress)	d. STREET ADDRESS	Cecil	Avenue		01	N A FARM?
3. NAME OF DECEASED (Type or print)	Fir Sar		Middle E R	lost othermel	4. DATE OF DEATH	Mon March		Day 1,8	Yeor 19 ⁵⁹
s. sex Female	6. COLOR OR RACE White	7. MARR	DIVORCED DIVORCED	B. DATE OF BIRTH October 4,1	887	9, AGE (In years lost birthdoy) yrs.		YEAR IF U	NDER 24 HRS. urs Min.
during most of wo	ION (Give kind of work orking life, even if retired ewife	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (See Dela		ountry)	12. CITIZ	USA	HAT COUNTRY
13. FATHER'S NAME	CWAL			14. MOTHER'S MAIDEN	NAME				
	Geørge G	once		Susa	n Manni	.ng			
18. CAUSE OF DE PART I. DE	/ER IN U. S. ARMED FOR UT yes, give war or dates of seath [Enter only one context was caused by: IMMEDIATE CAUSE (e.g., and the course of the	use per li	ne for (o), (b), ond (c).}	Mrs. J. Randol	oh Fiel	d Yo	rk, Pen	INTERVAL ONSET A	L BETWEEN
Conditions, if gove rise to couse (o), stoting lying couse lost	immediate g the under-)	Essential Hyp	ertension T NOT RELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1	5 y	AS AUTOPSY
OR CONTRIBUTION	VAS UNDERLYING IG G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury	in Port I or Por	rt 11 of item 18.)		YES	PROPERTY.
W Hour o. m.	10	20d. II While of wor	Not while fo	LACE OF INJURY (Home, fo octory, street, office bldg.,		y or town)	(Co	unty)	(Stote)
	that I attended the	deceas 		, 19.58, to h accurred at 5:15 M.D. No.			and on the		tated abov
220. BURIAL, CREMATI REMOVAL (Specif Buria:	y) 3/21/50	OF /	2c. NAME OF CEMETERY C	11 11 10		TION (City, town, o		aryla	(Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DY 1908: After this certificate has been signed by the attending physician and car page 3 shaulday, detached far use as the burial-transit permit. Then please remove carbon page the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death

VS A15 (4) 15M 9/S5

North East Methodi ADDRESS North East, Maryland.

23. FUNERAL DIRECTOR'S SIGNATURE
PSUBLE OF GRANTER

240. REC'D BY REGISTRAR DATE MAR 2 0 '59

24b. REGISTRAR'S SIGNATURE

	CERTIFICAT	Section 1	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03037 302 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	JUHH					Keg	, DIST. NO	•
I PLACE OF E	EATH			2. USUAL RESIDENCE (V	Where deceased live	d. If institution: R	esidence bef	ore admission)
o. COUNTY	Cecil		MARYLAND	o. STATE Md.		b. COUNTY Cec:	13	
b. CITY OR	OWN (If outside corporate limits, w	rrite RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside corporate	limits, write RURAL	ond give n	earest town)
and give n	Elicton		8 hours	X Elkton,				
d. NAME OF	HOSPITAL OR INSTITUTION	Of not in hos		I A STREET ADDRESS				e. IS RESIDENCE
		_	pinar, give siteer occiress)	Blue Bal			n.a	ON A FARM?
	nion Hospita			-AUGUSTANA	_	XXXXXXX	XXXX	YES NO X
3. NAME OF DECEASED		First	Middle	Last	4. DATE OF	Month	Doy	Yeor
(Type or pri	o autre s	-	G	Rugh	DEATH	3	23	19 59
5. SEX	6. COLOR OR RAC	E 7. MARRII	DE NEVER MARRIED	B. DATE OF BIRTH	9. AG	and budget A	DER TYEAR	IF UNDER 24 HPS.
M	W	WIDOWE	DIVORCED [10-4-1881	7	7 yrs. Month	ns Days	Hours Min.
100. USUAL O	CUPATION (Give kind of wor	k done 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12.	CITIZEN O	WHAT COUNTRY
	f working life, even if retired		ultry	Do			U.S.A	
13. FATHER'S I		1 2 0		14. MOTHER'S MAIDEN I	NAME		U aid. all	•
	SED EVER IN U. S. ARMED F	ORCES2 14	SOCIAL SECURITY NO. 17.	Clara Kuh	ns	Address		
[Yes, no. or unknow								
ne				rs.James G.	Rugh. Elk	ton, R.D.	Md.	
	OF DEATH [Enter only one of I. DEATH WAS CAUSED BY:				-		DNSE	YAL BETWEEN T AND DEATH
0	IMMEDIATE CAUSE	(o) Sho	ck Fracture c	of Temporal b	one left	both lo	wer le	gs:
8/6	X DUETO	o and	left femur La	ceration of	eceln and	face		
Condition	i, if ony, which	ы abra	sions of face	head and han	yer in and	2000		
	o immediate couse?		toma in abdome					
couse las	and the same of th	(c)	OCHA TH SPECOME	-44				
Z PAR			INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INALDISEASE CON	DITION GIVEN IN	PART I(o) I	. WAS AUTOPSY
SE S		A. A						PERFORMED?
200 EXTER	JAL CAUSE WAS	20h DESCRIBI	HOW INJURY OCCURRED.	Enter nature of injury in Par	t I as Part II of it as	101		ES NO
200. EXTER	NAL CAUSE WAS FOR CONTRIBUTING TO DEATH.	200. DESCRIBI	THOSE INJURY OCCURRED.	Enter notice of injury in Edi	r I or rort it at Item	10.)		
			hit by a car o					
20c. TIME		Zod. I	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form lory, street, office bldg., etc.	n. 20f. (City or tow	(n)	(County)	(Stote)
10-5	750 2 221	, 59 While	rk of work	Poute 515	Elkto	n Ce	ecil	Md.
21. I ce	tify that I took charg	ge of the i	emains described abo	ve, held an Autops	y , Inspec	tion E, Inc	uiry be	and in my
opinion	leath resulted from:	Notural o	auses , Accident	Suicide .	Homicide [Undetermine	d manne	. 🗆
	1001	0	doses	Jointe L.,	Tolline L.	Onderermine	a maine	'
ACTUAL SIGNATU	MIM	10	02001	CHIEF MEDICAL EX	AAAINED 🗆			DATE SIGNED
SIGNATU	E			M.D.				
EXAMINE				ASSISTANT MEDIC				
NAME (Ty				DEPUTY MEDICAL	EXAMINER G		3-23-5	
220. BURIAL, C	EMATION, 22b. DATE THER	EOF	OR ALALAN OF ORLANDON OF	CREMATORY	22d LOCATION I			9
Bara		4 .	22c. NAME OF CEMETERY OF		120. LOCATION (City, town, or coun	ty)	(Stote)
		9	Cherry Hil		Cherr			9 (Siole) yland
23. FUNTERAL D		9	Cherry Hil	1 Cemetery	Cherr D BY REGISTRAR	y Hill, 24b. REGISTRAR'S	Mar	yland
Salp.	迎 3-25-5	(9)	Cherry Hil	1 Cemetery	Cherr D BY REGISTRAR	y Hill,	Mar	yland

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1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 2 FilmG240 3-31-59 et CERTIFICATE OF DEATH

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	0031				Keg. Dist	. No. 90
1. PLACE OF DEATH o. COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (V a. STATE	- h	If institution: Residence COUNTY	e before admission)
b. CITY OR TOWN	(If outside carporate limits, w nearest town)	rite c. LENGTH OF STAY IN 1b		f outside corporate limit	s, write RURAL and gi	ve nearest town)
Perry Po	int	5yrs 24days	W	ashington	?	4/X-3
OR INSTITUTION	ITAL (If not in hospitol, give s Administrat		d. STREET ADDRESS	4-chatha-W	aanital-	e. IS RESIDENCE ON A FARM? YES NO
				izabeths-H		
3. NAME OF DECEASED (Type or print)	Marietta	(NMI)	Stevens	4. DATE OF DEATH	Manth 3	8 19 59
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE		YEAR IF UNDER 24 HRS
Female	White wi	DOWED DIVORCED	9-4-73	85	yrs.	Days Haurs Min.
10a. USUAL OCCUPATI	ON (Give kind af wark done rking life, even if retired)	10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Sto	ite ar fareign country)	12. CITIZ	EN OF WHAT COUNTRY
Clerk	many me, even in territory	Government	New Yo	rk	II	.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	I NAME		
Henry S	. Stevens (D	eceased)	Julia	W. Gregory	(Deceas	ed)
	ER IN U. S. ARMED FORCES		NFORMANT		Address	
Yes, no, or unknown)	If yes, give wor or dates of service	Not Ascertaina	hlo Woomit	al Danama	TEATE D	-D-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
			ore Hosbic	ar vecolds	V-n, Perr	yPoint, Md
		per line far (a), (b), ond (c).]				INTERVAL BETWEEN
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bronchopneumon	ia right mi	ddle & low	er lobes	15-18 day
521X	DUE TO					
Carallel and It		19/2/2007 200 18/29 4			1 1.10	
Canditians, if a	immediate (D)	Abscesses mult	iple right	middie & i	ower Tope	s unknown
cause (o), stoting	the under DUE TO					
lying cause lost.	(c)	Broncho cutane	ous sinus r	ight		unknown
PART II. OT	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDI	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OT	Arter	iosclerosis, ger	neralized.	severe		YES INO
20g ACCIDENT W		. DESCRIBE HOW INJURY OCCURREN			m 18.)	
OR CONTRIBUTING	G CAUSE OF DEATH	DESCRIBE FIOTY WORK OCCURRE	b. (Line) hardre at mjory i	in run run nun nun nun nun nun nun nun nu		
No 20c. TIME OF INJU	RY Manth, Day, Year 2		ACE OF INJURY (Hame, fa) (Ca	ounty) (State)
Haur a.m.		THE INDI WILLIE	tary, street, affice bldg., e	etc.)		
		t work ot wark				
21. I certify t	hot offended the de	ceased from 2-12-5	£, 19, to	3-8	19.59 Household	Coopies of a cons
Addition Control of the Control of t	•	**************************************				
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ACTUAL	1/1/1	la a una	W A Hoom			
SIGNATURE	1000	CC -	M.D. V. A. HOBD.	ital, Perry	POINT, M	a. 3-10-59
PHYSICIAN'S	S. P	LACERVA	Dimenton	Donaford		
NAME (Type)				r, Professi		
220. BURIAL, CREMATIC REMOVAL (Specify)		22c. NAME OF CEMETERY O		22d. LOCATION (Cit		(State)
Demarel	3/11/193	9 Arlington N	ational	Fort Mye	r, Va.	
3. JUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	24o. RE		24b. REGISTRAR'S SIG	NATURE
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained the haspital or attending physician.	WIT	
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a. COUNTY	Cecil	SEMBOUT	MARYLAND	2. USUAL RESIDENCE (W	here deceased	d lived. If instituti b. COUNTY		A	re admiss	ion)
b. CITY OR TOWN RURAL and give n	(If autside corporate limiterest town) ryville	its, write c. LENGTH O	11	c. CITY OR TOWN (IF		rote limits, write R	URAL ond	give nea	irest tawn	1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g Aikin	Ave.		d. STREET ADDRESS Aik	in A	ve.				FARM?
3. NAME OF DECEASED (Type or print)	Salli		Middle kle	Taylor	4. DATE OF DEATH	Marc		29	í	Year 5'
s. sex Female	6. COLOR OR RACE White	7. MARRIED NEVER		Nov.6, 187	6	9. AGE (In years lost birthdoy) yrs.	IF UNDER Manths	Doys	Haurs	R 24 HR Min.
10o. USUAL OCCUPATI during mast of war House	ON (Give kind of wark of king life, even if retired WITE	dane 10b. KIND OF BUSI	NESS OR INDUST	TRY 11. BIRTHPLACE (Stote Marylan		ountry)	12. CIT	U S	WHATC	OUNTRY
13. FATHER'S NAME	rank H.	Nickle		14. MOTHER'S MAIDEN Eliza			Nibl	Lock		
(Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. SOCIAL SECUR		FORMANT 11iam L. T	aylor	,Perry		, M	d	
Canditians, if a gave rise ta cause (a), stating lying couse lost.	the <u>under-</u> DUE TO	Car	TO DEATH BUT I	- Selecto	INAL DISEAS	E CONDITION GIV	EN IN PAR	ST 1(a) 11	321 9. WAS	2S AUTOPS
PART II. OT	HER SIGNIFICANT CON								PERFO	RMED?
PART II. OT		20b. DESCRIBE HOW IN	JURY OCCURRED	. (Enter nature of injury in	Port I ar Par	t II af item 18.)				
CATIC	AS UNDERLYING GOVERNMENT AS UNDERLYING GOVERNMENT AS UNDERLYING AS UND		RED 20e. PLA		m, 20f. (City		(County)		
20c. TIME OF INJUI Haur o.m. p. m. 21. I certify the alive an	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yee 19 hat I attended the	or 20d. INJURY OCCURR While Not while of work of work	RED 20e. PLA fact	CE OF INJURY (Hame, farrary, street, office bldg., et	n, 20f. (City C.) Narcy _M, fram	or tawn)	that 1 lo	ast saw	YES 🗌	(Sta
20c. TIME OF INJUI Haur o. m. p. m. 21. I certify the alive an	AS UNDERLYING DO CAUSE OF DEATH MEDICAL EXAMINER RY Month, Doy, Yes 19 hat I attended the Clarence	or 20d. INJURY OCCURRY While Not while of work of work deceased from A 1. Benson 22c. NAME C	RED 20e. PLA fact	CE OF INJURY (Hame, farrary, street, office bldg., et occurred at	M, fram ADPRESS (SI	or town) (18, 195) the causes ar	that I lo d an the state), LC, DOC county)	ast saw	v the destated	(Star

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3049

CERTIFICATE OF DEATH

(13()4() Dist. No. 96 Reg. Dist. No.

o. COUNTY CECI	L	MARYLAND	2. USUAL RESI	IRGINIA	b. COUNTY		efore odmission)			
b. CITY OR TOWN (If outs RURAL and give nearest Perry Point		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington							
d. NAME OF HOSPITAL (H	not in hospital, give stree		d. STREET A			0 6 /	e. IS RESIDENCE			
Veterans Adm	2309 N. Custis Rd ON A FARM?									
3. NAME OF DECEASED (Type or print)	WILLIAM First	Middle H •	Los NH TYEHEAI	OF		1,	Day Year 19 59			
5. SEX 6. 0	100h 4+ a	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT		9. AGE (In yeors lost thdoy) yrs.	Months Day	AR IF UNDER 24 HRS. /s Hours Min.			
100. USUAL OCCUPATION (Control of working lines and prive)	ive kind of work done 10th fe, even if retired)	. KIND OF BUSINESS OR INDL Transit	Vii	ginia	n country)	12. CITIZEN	OF WHAT COUNTRY?			
13. FATHER'S NAME				MAIDEN NAME						
Frank A.	Whitehead		Ida	Brooks						
15. WAS DECEASED EVER IN (Yes, no or unknown) (If yes,	give war or dates of service)		INFORMANT Spital Re	cords, VA	Hospital.		Point, Md.			
Conditions, if only, we gove rise to immecouse (o), stoling the ulying couse lost.	DUE TO which diote nder. DUE TO Column 10 (b) (c) (c) (c) (d)	Bronchopneumor Carcinoma of the spread metasts and bone CONTRIBUTING TO DEATH BU	the lung	s bilater the abdom	ral with with winal orga	wide-	19. WAS AUTOPSY PERFORMED? YES NO			
	AUSE OF DEATH	SCRIBE HOW INJURY OCCURRI	ED. (Enter noture o	finjury in Port I or I	Port II of item 18.)					
20c. TIME OF INJURY M Hour o. m. p. m.	Whil	6-	LACE OF INJURY (octory, street, office	Home, farm, 20f. (0	City or town)	(Coun	ty) (Stote)			
21. I certify that y	attended the deced	sed from February	27, 1959	, to March	1, 19.59	Phappagg	DOUD DE SIDE			
ACTUAL SIGNATURE	10000000000000000000000000000000000000	and that death		ADDRESS	m the causes ar (Street, city or town, Perry Po	stote)	DATE SIGNED			
PHYSICIAN'S NAME (Type)	S? P. LACE				fessional					
	2b. DATE THEREOF	22c. NAME OF CEMETERY C			CATION (City, town,		(Stote)			
Removal (Specify)	3/3/1959	Woodlawn		Blu	efield, We	est Virg	ginia.			
23 FUNERAL DIRECTOR'S SIG	NATURE	ADDRESS		24a. REC'D BY REG	SISTRAR 24b. REGI	ISTRAR'S SIGNA				
PROMENSTON."	E SON Jen	Havre DeGra	ace, Md.	DATE MAR 5	'59	Irthun 8.	trave			

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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3050 **CERTIFICATE OF DEATH**

									Keg. D	/151. 140.	
1. PLACE OF DEATH o. COUNTY	Cecil		MAR	YLAND	2. USUAL RES		nere deceased	b. COUI	ITV &	ence before	admission)
b. CITY OR TOWN (If outside corporate limiteorest town to posit	ts, write	c. LENGTH OF STAY	Y IN 1b	_		eposi	rote limits, wri t	te RURAL ond	give neare	est town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g N. Mai		ddress)		d. STREET		in St	•			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Lewis		Henr		Wils		4. DATE OF DEATH		Month 3	18	Year 19 59
5. SEX Male	6. COLOR OR RACE	7. MARRIE	DIVORC		3- 20-	тн - 1 88		9. AGE (In ye	ors IF UNDE Months		Hours Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired Engineer	done 10b. K	ind of Business (or foreign co	ountry)	12. CI	US	A A
13. FATHER'S NAME	d Imama		Wd 7 acm		14. MOTHER'S				37		
15. WAS DECEASED EVE	ilmore	CEC2 14 C	Wilson	0 100	IFORMANT	riet	ta		NO 3	rris	Md.
(Yes, no, or unknown)	(If yes, give war or dates of s	(and and	30-14-60			Wila	on M			nt De	_
Conditions, if couse (o), stoting lying couse lost.	immediate Dus To)	NTRIBUTING TO DI	EATH BUT I	NOT RELATED TO	O THE TERMI	INAL DISEASE	E CONDITION	GIVEN IN PA	RT 1(o) 19.	WAS AUTOPSY
CATIC										- ' '	PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY (OCCURRED	. (Enter noture	of injury in I	Port I or Port	III of item IB.)		
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	or 20d. INJ While of work	Not while of work		CE OF INJURY lory, street, office			or town)		(County)	(Stote
21. I certify the	hat I attended the	decease	0 /	t death	accurred at	SA	3/1 8 M, fram				the deceased
ACTUAL SIGNATURE	Mi	21	X Por	h.	A.D	Ri	ADDRESS (SI	reet, city or to	wn, stote)	mo	3 19
PHYSICIAN'S NAME (Type)	Neil R. T	aylor	, M.D.					0			
220. BURIAL CREMATIC			West N	otti	ngham	Cem.		ora, l	C 3	Rural	(Stote)
28. FUNERAL DIRECTOR	at Togsool	4 800	ADDRESS Perr	yvil	le,Md.		D BY REGIST		EGISTRAR'S S		

SUBJECT SHOWENESS THE THE Interest to the sound of the 115.0ec 3489 at the state of th ALL MORE PARTY OF THE PARTY OF Cont | Total of Circol Land | Decision of Record the minimum of the state of the to be ended to be a mineral with the mineral and a state of the contract of Larration (Add to the Control of the tention of the contract of the strategies of the state of the